STATEMENT OF

PAGE 1/8

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Doggett for Congress PO Box 5843 ADDRESS (number and street) (Check if address is changed) Austin 78763 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@votedoggett.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 07 2018 C00286500 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cousar, James, E,, Type or Print Name of Treasurer Cousar, James, E,, [Electronically Filed] 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name Cand	e or lidate	Doggett, Lloyd, , ,	
	lidate Affiliati	on DEM Office Sought: House Senate President	State TX District 35
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name	e of lidate		
Part	ty Con	nmittee: (National, State	Democratic,
(d)		, , , ,	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

FEC Form 1 (Revis	ed 02/2009)	Page 3
Write or Type Committee N		
Doggett for C	ongress	
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
	ett, Lloyd, , ,	
Full Name	1157 San Bernard	
Mailing Address		
	Austin TX 7870)2
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number 512	- 478 - 3369
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	e name and address of
Full Name Cousar of Treasurer	r, James, E, ,	
Mailing Address	1110 W 7th St	
	Austin TX 7870	
Title or Position Treasurer	CITY STATE Telephone number = 512	ZIP CODE
	icicphone number	

F	EC Form 1 (Revised 02/2009)	Page 4
Full Nam Designat Agent	ed Cousar, James, E, ,	
Mailing A	address 1110 W 7th St	
	Austin TX 78763 CITY STATE ZI	P CODE
Title or F Treasu	Position	
safety de	or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds a eposit boxes or maintains funds. Bank, Depository, etc.	accounts, rents
	BBVA Compass Bank	
Mailing A	Address 301 Congress Ave	
	Austin TX 78701	
_	CITY STATE ZI	P CODE
Name of	Bank, Depository, etc.	
Mailing <i>I</i>	Charles Schwab & Co 100 Congress Ave Address	
-	Austin TX 78701	
	CITY STATE ZI	P CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisin	1	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Capital Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Capital Bank 919 Congress Ave	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	Organization Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. Capital Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

1			FEC ID number	C
			FEC ID number	С
			FEC ID number	C
3.			FEC ID number	C
4			red id number	C
ame of Any Connected C	organization, Affilia	ted Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
Full Name				
Mailing Address				
			1 1 1	1
TITLE OR POSITION •	7	CITY A	STATE A	ZIP CODE ▲
TITLE OR POSITION •	V	1	STATE ▲ Telephone Number	ZIP CODE A
			Telephone Number	
anks or Other Depositori	es: List all banks o		Telephone Number	ZIP CODE ZIP CODE s funds, holds accounts, ren
anks or Other Depositorional defety deposit boxes or main arms of Bank, Prosper	es: List all banks o		Telephone Number	
anks or Other Depositorional defety deposit boxes or main arms of Bank, Prosper	es: List all banks ontains funds.		Telephone Number	
anks or Other Depositorical deposit boxes or main arme of Bank, epository, etc.	es: List all banks ontains funds.		Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

(h). Joint Fundraisi	ig Farticipant.				
1.			FEC II	D number	С
2.			FEC II	D number	С
3.			FEC II	D number	C
4.			FEC II	D number	C
Name of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PAC Spons
Mailing Address					
Relationship:		CITY A		L STATE ▲	ZIP CODE A
riolationomp.			_	SIAIL	ZII CODL A
	od Organization	Affiliated Committee	Joint Fundraisin	g Represent	ative Leadership PAC Spo
Designated Agent: Identi				g Represent	ative Leadership PAC Spo
Designated Agent: Identi				g Represent	ative Leadership PAC Spo
Designated Agent: Identi				g Represent	ative Leadership PAC Spo
Designated Agent: Identi		s (phone number – option	al)		
Designated Agent: Identi	fy by name, address		al)	g Represent	Leadership PAC Sport
Designated Agent: Identi Full Name Mailing Address	fy by name, address	s (phone number – option	al)	STATE A	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or markets.	fy by name, address	city a	al) Telephone N	STATE A	
Pesignated Agent: Identi Full Name	fy by name, address	city a	al) Telephone N	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

h). Joint Fundraisin							
1.				FE	C ID number	С	
2.				FE	C ID number	С	
3.				FE	EC ID number	С	
4.				FE	EC ID number	С	
ame of Any Connected	Organization, Aff	iliated Comm	ittee, Joint F	undraising	ı Representati	ve, or Le	eadership PAC Sp
Mailing Address							
							-
Relationship:		CITY	A		STATE 4		ZIP CODE A
	Organization	Affiliated Con			aising Represer	ntative	Leadership PAC
					aising Represer	ntative	Leadership PAC
esignated Agent: Identify					aising Represer	ntative	Leadership PAC
esignated Agent: Identify Full Name _ _ _					aising Represer	ntative	Leadership PAC
esignated Agent: Identify Full Name _ _ _	by name, addres		nber – optiona	al)			Leadership PAC
esignated Agent: Identify Full Name	by name, addres	ss (phone num	nber – optiona	al)			
esignated Agent: Identify Full Name _ _ _	by name, addres	ss (phone num	nber – optiona	al)			
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, addres	city A	nber – optiona	Telepho	STATE A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	by name, addres	city A	nber – optiona	Telepho	STATE A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, addres	city A	nber – optiona	Telepho	STATE A		ZIP CODE A